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BIBDATASHEET**CONFIRMATION NO. 5080**

Bib Data Sheet

SERIAL NUMBER 10/084,226	FILING OR 371(c) DATE 02/28/2002 RULE	CLASS 710	GROUP ART UNIT 2182	ATTORNEY DOCKET NO. M01/23
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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 03/26/2002**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY ISRAEL	SHEETS DRAWING 4	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 8

ADDRESS

THE POLKINGHORNS
 9003 FLORIN WAY
 UPPER MARLBORO, MD20772

TITLE

PORTABLE DEVICE FOR ONE-ON-ONE TRANSFER BETWEEN ANOTHER SUCH DEVICE WHEREIN DEVICE IS RESTRICTED TO DATA STORAGE AND TRANSFER WITH SINGLE INTERFACE FOR DATA EXCHANGE

CWC

3-26-07

FILING FEE RECEIVED 726	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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